

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

REQUEST FOR REFUND UNDER 37 CFR 1.26(a)

ATTN: MAIL STOP 16

APPLICANT: Blomberg et al CONFIRMATION NO.: 3597
SERIAL NO.: 10/579,980 GROUP ART UNIT: 3736
FILED: March 26, 2007
TITLE: Method and Apparatus for Determining an EMG Signal

Mail Stop 16
Refunds Section of Receipts
Division of Office of Finance
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

S I R:

The Deposit Account (#501519) for the undersigned counsel's law firm was charged \$156.00 on November 17, 2008. The indicated fee code 1202 indicates that the charge is for additional claims. A copy of the posting sheet showing this charge is attached hereto.

On November 11, 2008, applicants' attorneys filed Amendment D, which included one additional dependent claim, making the total number of claims 40. Therefore, the above-mentioned deposit account should have been charged \$52 for this additional claim. According to the PTO records, the claim count prior to this amendment filed November 11, 2008 was 37 total claims, although applicants have paid for a total of 39 claims (see attached cover sheet for Amendment B as well as the cancelled check for \$950 paying for the additional claims). It is requested that the overpayment of \$104.00 be refunded. This refund is requested to be effected by crediting the aforementioned Deposit Account No. 501519 in the amount of \$104.00.

Submitted by,

/Steven H. Noll / (Reg. 28,982)
SCHIFF HARDIN L:LP
Patent Department
6600 Sears Tower - 233 South Wacker Drive
Chicago, Illinois 60606
Telephone: 312/258-5790
CUSTOMER NO. 26574

CH2/2942039.1



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Deposit Account Statement

Requested Statement Month: November 2008
Deposit Account Number: 501519
Name: SCHIFF HARDIN LLP
Attention: PAM VANDERMEER
Street Address 1: 6600 SEARS TOWER
Street Address 2:
City: CHICAGO
State: IL
Zip: 60606-6473
Country: UNITED STATES

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
11/10	9285	10652272	P03,0301	8021	\$40.00	\$10,750.25
11/10	9286	P030301	P03,0301	8021	\$40.00	\$10,710.25
→ 11/17	1	10579980	P06,0132	1202	\$156.00	\$10,554.25 ←
11/17	18	12262614	P08,0306	1201	\$220.00	\$10,334.25
11/18	1	11066016	P05,0030	1201	\$220.00	\$10,114.25
11/26	21	11920380		9204	-\$280.00	\$10,394.25

START	SUM OF	SUM OF	END
BALANCE	CHARGES	REPLENISH	BALANCE
\$10,790.25	\$676.00	\$280.00	\$10,394.25

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1FW

TELEPHONE (312) 258-5500

SCHIFF, HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606



IN RE APPLICATION OF: **Blomberg et al.**
SERIAL NO.: **10/579,980** CONFIRMATION NO. **3597**
FILED: **May 19, 2006**
TITLE: **METHOD AND APPARATUS FOR DETERMINING AN EMG SIGNAL AMENDMENT "B"**

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
SIR:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*39	MINUS	**20	X 19	() X 25.00 (x) X 50.00	\$950.00
INDEP. CLAIMS	*3	MINUS	3	X	() X 100.00 () X 200.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$180.00 () \$360.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$950.00

- ** If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 950.00 is attached.
- ☐ A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached
- ☐ A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5500.

SCHIFF, HARDIN LLP (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on March 22, 2007

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

March 2, 2007

DATE

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[illegible]

<u>Location</u>	<u>Acct #</u>	<u>Original Acct #</u>	<u>Check #</u>	<u>Original Check #</u>	<u>Amount</u>	<u>Original Amount</u>	<u>Issue Date</u>
CD	4233255	4233255	365881	365881	\$950.00	\$950.00	3/21/2007
<u>Paid Date</u>	<u>Original Paid Date</u>	<u>Sequence</u>	<u>Customer Data</u>		<u>R/T Number</u>		
3/30/2007	3/30/2007	2210293263	COMMISSIONER OF PATEN		111		
<u>Original R/T Number</u>	<u>GL Category</u>	<u>CD VolID/CIMS Key</u>	<u>CD Label</u>	<u>Process Control</u>			
111		20070330208301	20070330208301				